

PUTNAM COUNTY EMERGENCY MEDICAL SERVICES

270 Carlen Drive; Cookeville, TN 38501
(931) 528-1555 Fax (931) 520-8404
tcopeland@putnamco.org

Authorization to Use and Disclose Specific Protected Health Information

By signing this Authorization, I hereby direct the use or disclosure by Putnam County EMS of certain medical information pertaining to my health, my health care, or me.

This Authorization concerns the following medical information about me:

This information may be used or disclosed by Putnam County EMS and may be disclosed to:

[LIST NAME OR SPECIFIC IDENTIFICATION OF THE PERSON(S) OR CLASS OF PERSONS TO WHOM YOU MAY MAKE THE REQUESTED USE/DISCLOSURE]

I understand that I have the right to revoke this Authorization at any time except to the extent that Putnam County EMS has already acted in reliance on the Authorization. To revoke this Authorization, I understand that I must do so by written request to the Putnam County EMS Privacy Officer 931-528-1555.

I understand that information used or disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer subject to privacy protections provided by law.

I understand that my written authorization is not required for Putnam County EMS to use my protected health information for treatment, payment and health care operations.

I understand that I have the right to inspect and copy the information that is to be used or disclosed as part of this Authorization. The Authorization is being requested by Putnam County EMS for the following purpose(s):

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The use or disclosure of the requested information will ___/will not ___ result in direct or indirect remuneration to Putnam County EMS from a third party.

I acknowledge that I have read the provisions in the Authorization and that I have the right to refuse to sign this Authorization. I understand and agree to its terms.

_____ [Name] _____ [Date]

_____ [Description of the authority of personal representative, if applicable]

This authorization expires on: _____ (date or event).